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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/595,999
Filing Date	May 24, 2006
First Named Inventor	Walzer
Title	BISBENZAMIDINES FOR THE TREATMENT
Art Unit	
Examiner Name	
Attorney Docket Number	91830/0542088

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

26874

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Peter D. Walzer	Date	7/19/07
Name	Peter D. Walzer	Telephone	513-475-6328
Title and Company	Prof. UC / VPMC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	Melanie T. Cushion	Date	7-19-07
Name	Melanie T. Cushion	Telephone	513-861-3100
Title and Company	PROFESSOR, UNIV. CINCINNATI, VAAC 8417		

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Tien Liang Huang</i>	Date	Aug. 9, 2007
Name	Tien Liang Huang	Telephone	504-520-7603
Title and Company	Professor, Xavier University of Louisiana		

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Signature		Date	08/11/2007
Name	Jean Jacques Vanden Eynde	Telephone	
Title and Company			

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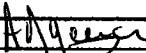
<input type="checkbox"/>	Firm or Individual Name			
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	08/11/07
Name	Annie Mayapes	Telephone	
Title and Company			

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